PATENT APPLICATION FEE DETERMINATION RECORD

Application	ar Dagles	Al. and by an artist of the second
Application	OI DOCKET	number

Effective October 1, 2003	URIT-3"
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CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		26					RATE	FEE	7	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGE	ABLE CLAIMS	28 minus 20= *		*			(\$ 9=		OR	X\$1.8=	90
INE	DEPENDENT C	LAIMS	minus 3 =		*	3		X43=		OR	X86=	10
MULTIPLE DEPENDENT CLAIM PRESENT			RESENT					145=		OR	+290=	· ·
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							OTAL		OR		860
CLAIMS AS AMENDED - PART II OTHER THAN												
		(Column 1)		(Colum		(Column 3)	S	MALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**		=	×	\$ 9=		OR	X\$18=	
ME	Independent	<u> </u>	Minus	***		=	×	(43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM			145=			+290=	
								TOTAL		OR	TOTAL	
				.*				IT. FEE		OR,	ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)				. ,		
AMENDMENT B	·	REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N O N	Total	*	Minus	**	·	=	X	\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	X	43=		OR	X86=	
	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		+1	45=		OR	+290=	
			-			•		TOTAL T. FEE	·	OR	TOTAL ADDIT. FEE	
		(Column 1)		(Columi	n:2)	(Column 3)	,,,,,	. · · <u></u> ·	· · · · · ·	•		·
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMBE PREVIOL PAID FO	ST ER JSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	9=		OR	X\$18=	
	Independent	*	Minus	***		= '	X	43=		OR	X86=	·
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT (CLAIM		-			Ī		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
**	the "Highest Nur	nber Previously Pa	id For IN THIS	SPACE is I	ess than	20. enter "20."		TOTAL T. FEE	· ·	OR ,	TOTAL DDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												